

MFT AND LCSW LICENSEES ONLY

Submit this application WITH YOUR CURRENT RESUME to the Board's Examination Unit at the above address

Section A PERSONAL INFORMATION										
Last Name					First Name				MI	
Street Address					City					
State		Zip			Home Phone	()		Work Phone	()	
FAX	()				Cell/Pager	()		Social Sec. No.		
License Type		License Number			Expiration Date			Other licenses		
Completion of the following fields are OPTIONAL:										
Race/Ethnicity					Date of Birth			Gender		

Section B REQUIREMENTS

Do you currently perform a minimum of twenty hours of training, supervision, education, or clinical experience per week?

☐ No ☐ Yes

How many hours of face-to-face therapy do you perform per week? _____ hours.

How long have you been working in the field under your license? _____ years.

Degree Title:

(i.e., MS in Psychology, MSW, etc.) _____ Date Awarded: _____

Section C QUESTIONNAIRE

Have you ever served as an Oral Examiner for the Board?

☐ No ☐ Yes If YES, when did you last serve as an Oral Examiner? _____

Have you ever participated in an examination development workshop for the Board?

☐ No ☐ Yes If YES, when did you last participate in a workshop? _____

Name

Phone Number

Two References: _____

I declare under penalty of perjury that all information provided on this application is true and correct. I understand that if I am hired, I will be required to comply with the terms of an examination security/confidentiality agreement.

Signature

Date